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PRESIDENT'S ADDRESS.

FOURTH ANNUAL CONVENTION OF
THE NEW YORK STATE ASSO-
CIATION OF RAILWAY SUR-
GEONS. BY M. CAVANA,
M. D., ONEIDA, N. Y.

Organization in railway surgery, as in other specialties, becomes valuable to its membership, proportionate to the amount of its educational worth, as the result alone of such organization. The average active railway surgeon, however busy his professional life, is generally willing to sustain the loss of time, the sacrifice of business and the monetary outlay necessary to enable him to attend the conventions of his surgical associations. But, not unlike other business men, he expects some return for his outlay, some compensation for his loss of time, something more than a short period of rest and recreation and the sight-seeing of an extended railway trip. He expects to gain that which to the truly loyal professional man is more than money, that which can only be purchased by a personal presence at such conventions, namely, such increase in his store of practical knowledge as will enable him to return the better qualified to his field of labor.

To render our conventions thus profitable to our membership and to insure a progressive and prosperous existence, we are of the opinion that for the present at least more attention must be devoted to those important and practical everyday questions of our specialty which as yet remain unsettled. First and most frequently encountered is the question of the extent of the surgeon's liability and

obligation to his employer (the railway corporation which he serves), in his connection with cases which are liable to result in claims for damages for injuries received, or to become subjects for litigation when such demands are questioned or ignored.

Gentlemen of the Convention, you will concede the fact that the shrewd surgeon possessing not only the confidence of his patient, but also that of the friends, becomes a power in the sick-room and a very responsible factor in such a situation. Any suggestion from him will always be entertained, and his advice to either sue or settle quite generally followed. Therefore, when requested by our claim agents, shall we, as surgeons in charge of the injured, encourage our patients to accept terms of settlement, which of our own knowledge we know to be fair and liberal toward the patient, and satisfactory and equitable to our corporations? Or shall we adhere strictly to our professional duties, and ignore the interests of our employers in such cases, and permit without even a protest, on our part, the only possible conclusion, that of their drifting into the hands of unscrupulous attorneys?

Claims for damages resulting from railway injuries, like snow-drifts in the deep railway cuts, grow rapidly with age and generally assume immense proportions in remarkably short spaces of time; particularly so following the exchange of the company's surgeons for the local pettifoggers, who, the "strep-tococci" of railway enterprises, infest every locality and infect every approachable case of railway surgery and who universally succeed in either forcing settlements at unjustly exorbitant figures (they pocketing the lion's portion of the amounts obtained) or in compelling on

the part of the railway companies the defense of expensive suits at law.

In the future considerations of this question the chair recommends inviting participation on the part of some of our prominent railway managers or claim adjusters, in addition to our own membership, in order that the conclusion obtained may be as nearly as possible the proper general guide in these situations.

The second important unsettled question is that of the cash value of human life, or the amount of liability in cases where death results from railway accident. This question is now governed by statute, and the death liability fixed at \$5000. But the constitutional amendment (Article No. 18), adopted at our recent election, repeals this law, thereby relegating this important question again to the unsettled column. Without questioning the wisdom of the adoption of this amendment, or criticising the judgment of those who were instrumental in submitting the fate of the question to the unintelligent masses, we cannot deny that, while the stages of life, infancy, childhood, youth, manhood and old age vary materially in value, the repeal of this statute cannot but result dangerously to the railway corporations of the State; and that their interests demand our earliest possible consideration and solution of this question, and the establishing of a basis, for intelligent and equitable calculation as to the cash value of life, in its various stages of human existence.

Question three: Should railway surgeons procure from patients the histories of accidents, and frame therefrom records of the material points bearing upon the causes and conditions surrounding such cases, and when possible over the signatures of the injured parties in the presence of the witnesses? If so, would not much of the prevailing litigation be prevented, settlements of the just claims more easily effected, and unjust or fraudulent demands less often prosecuted? For the solution of this question, the author begs to suggest reference thereof to our able "ally" and co-worker, the New York Medico-Legal Society, with a request for its consideration, and a recommendation to be presented at our next convention.

Question four: May not railway surgery become a potent factor in the suppression and detection of fraud? The principal suggestion prompted by this

question is the great need of more liberal legislation bearing upon the rights of defendants in suits for damages. Parties seeking to recover for personal injury should be compelled by law to yield to the defendant, when properly requested, the privilege of a surgical examination of such alleged injury; and refusal on the part of the plaintiff to permit such examination should be evidence prejudicial to the security of the claim. Of course, such privilege should be guarded by reasonable restrictions and necessary formalities, to insure good faith in the application therefor, as well as in its acceptance. Verdicts of juries, finding for the plaintiff (the usual terminations of suits to recover for railway injuries), generally include liberal compensations for the probable continuation of the alleged disabilities for periods of time covering months, years, or even the remainder of their natural lives, and the expensive features in the computation of such verdicts invariably are those of mental and bodily suffering, the loss of valuable time and the requirement of regular care, aid and attendance during the periods of total disability.

In consideration of the fact that a very large majority of the alleged sufferers from railway injuries, being quite securely protected by the existing faulty and incomplete statutes, very generally succeed in deceiving the Courts and juries by assuming to suffer total disability during the trial of their causes, and by volumes of exaggerated testimony from unprincipled witnesses, also frequently succeed in convincing such juries of the permanency of their apparent disability as well; then what is more argumentative of the necessity for better legislation than the proof of the occurrence of complete convalescence in a large number of cases, dating from the very date of the settlement of their claims; also that no redress is by law afforded the unfortunate defendant, who has paid a verdict, covering the expense of a suffering life term, requiring regular aid and attendance. Additional legislation, empowering defendants to compel surgical investigation in cases of premature convalescence, and to bring suit for the recovery of such portions of verdicts as may be discovered to have been obtained by deception and misrepresentation, and providing for the indictment of all the parties conspiring to sustain the frauds,

would also result in materially cheapening most of the claims for damages, and in greatly lessening the number of railway cases upon the calendars of our Courts. In such an event, the unprincipled classes, who now expend twice the necessary energy required to sustain life by honest industry in their diligent searches for defects in the sidewalks and bridges of their localities, and for railway complication upon which to base suits for damages, finding our laws punishing rather than inviting dishonesty, and exposing rather than protecting fraud, would be driven from the field, and their occupation practically ended; and the struggling corporations, supported by their surgeons, would then occupy positions of equal and just advantage with their plaintiffs in our Courts of Justice. Grant to our railway corporations the legal rights of enforcing subsequent surgical examinations and of reclaiming on proven unjust verdicts, then, in the judgment of the writer, we will have discovered the most effectual eradicator and energetic prophylactic in the consideration of that notoriously obstinate and prevalent disability, the railway spine.

Important and unsettled question number five.

Shall we amputate, or shall we wait?

For a period of nearly 200 years the subject of amputation has occupied the minds of the surgeons of the world, and from the beginning of the use of steam railways to the present time no one subject has grown more rapidly in importance, nor is at the present day more frequently encountered by the railway surgeon. Associated with this fact is the astonishing reality that as yet no generally accepted criterion has been established as to when may be the safest and most favorable time for amputation. Abundant evidence and eminent authority may be cited in support of either immediate or delayed interference in cases of crushed injuries; and in consequence the conservative surgeon discovers little satisfaction in consulting his text books or authorities upon the question.

The legal complications so liable to result from the present unsettled conditions of our practice and literature upon this subject are such as threaten to involve the operator in a large percentage of his cases, and suits for malpractice and for the recovery for dam-

ages have so frequently followed amputations, that to-day few of our leading surgeons dare even to hold recorded titles to real property. In support of these arguments permit us to submit an example, illustrating present possibilities.

A New York surgeon accepts the care of a case suffering crushed injury of an extremity. He is untiring in his professional attentions to the patient, exercises therein his best possible judgment supported by a liberal consultation and careful following of some of the acknowledged authorities. The patient encounters certain of the unfortunate liabilities, and eventually succumbs. In the malpractice suit which follows, an expert surgical witness testifies that, in his judgment and belief, the amputation should have been deferred to a much later period, or until the line of demarkation had appeared.

The next witness testifies that the amputation should have been immediate or as early as the establishing of reaction following the injury. He also submits rational argument and abundant statistics in support of his assertion.

The third witness expresses the opinion that it would have been much safer practice to have accepted an intermediate period for the amputation. He argues that such interference should be delayed until the patient has been afforded ample time for complete reaction and preparation for the ordeal.

Expert witness number four expresses as his opinion, founded upon a careful review of all material facts in the case, and from his own wide experience with traumatism, that amputation at any period was inadvisable and uncalled for in this case. He substantiates his assertion by illustrative proofs of recoveries of cases wherein much more extensive destruction of tissue ensued and which recoveries resulted in a very satisfactory degree of usefulness of the injured parts.

In the framing of verdicts in modern medical cases by the illiterate elements composing the usual petit juries can we wonder that in their attempt to weigh the medical evidence or surgical evidence the poor creatures in their despair are forced to the silent inquiry, Where are we at?

The signs of the times point to the State organizations as the coming educators of railway surgery. They are much more wieldy, their conventions more available and their memberships much

less changeable than those of larger bodies; therefore, we feel privileged to urge upon this association the arming for the fray, and equipping for that untiring action that will result in such continuous agitations of our present important unsettled questions as will enable us to establish authoritative precedents for the general guidance of the surgeon in his conduct upon the witness stand as well as in the care of the patient.

The interests of our corporations, the welfare of our patients and our own individual safety demand early conclusions in these questions, and especially is this true of amputations. For this reason the programme arranged for the day's deliberations bears evidence of the initiatory step toward the coveted results.

The jurisdiction of our organization includes territory richer in resources and more prolific in means for demonstration and experiment than any other State or Commonwealth of the continent. The names appearing upon our membership rolls and those upon the day's programme are sufficient guarantees to the most incredulous of New York State's ability to cope with the task which we urge upon her.

Then may we hope that the programme of our future conventions will bear evidence of satisfactory progress toward the ultimate solution of the now important unsettled questions in railway surgery.

The president's address for 1894 would be conspicuously incomplete without a word of thankful appreciation to the Executive Committee for its able support during the year, and especially to ex-president Chaffee and Vice President Harnden, who, at the time of the active preparation for this convention, and when the hand of fate bore heavily upon my household, hastened to my rescue and assumed the duties of my office and position in the arranging and perfecting of our programme of to-day. The assurance to my successor in office of as hearty and loyal support on the part of our association as has been accorded me I sincerely petition of our membership for the ensuing year, and I predict from the present promising indications the early occupation of a leading position on the part of our body among the scientific organizations of our nation.

A REPORT ON CERTAIN EXPERIMENTS UNDERTAKEN TO ASCERTAIN THE ACTION OF "SANITAS" OIL AND "SANITAS" FLUID ON THE MICROBE OF YELLOW FEVER.

By A. B. Griffiths, Ph. D., F. R. S. (Edin.), F. C. S., Member of the Chemical Societies of Paris and St. Petersburg; Author of "A Manual of Bacteriology," "Researches on Micro-Organisms," etc.

The microbe of yellow fever was discovered by Dr. Domingos Freire. It grows on nutrient gelatine, and reproduces the disease in rabbits and other small animals.

The object of the experiments recorded in this report was to ascertain the action of "Sanitas" oil and "Sanitas" fluid on the microbe of yellow fever.

FIRST SERIES OF EXPERIMENTS.

(1.) Silk threads were impregnated with Freire's microbe, which were then immersed in "Sanitas" oil, with the result that the microbe was destroyed in 35 seconds.

(2.) Silk threads were impregnated with the same microbe, which were then immersed in "Sanitas" fluid, with the result that the microbe was destroyed in 15 minutes. With "Sanitas" fluid of 25 per cent. strength the microbe was destroyed in 52 minutes; and with "Sanitas" fluid of 10 per cent. strength the microbe was destroyed in 94 minutes.

SECOND SERIES OF EXPERIMENTS.

Two cubic centimetres of "Sanitas" oil and "Sanitas" fluid of 100, 25 and 10 per cent. strength respectively, were separately added to a number of tubes containing pure cultivations (98 c. c. each) of the yellow fever microbe; and in each case the tubes were rendered sterile, or, in other words, the microbe was destroyed.

The destruction of the microbe in both series of experiments was proved by no growths making their appearance in tubes containing nutrient gelatine, as well as by other bacteriological methods.

THIRD SERIES OF EXPERIMENTS.

The heated vapors of "Sanitas" oil were proved to have a destructive action on the microbe of yellow fever—the microbe being destroyed in from 15 to 20 minutes. This is a most important point; and it may be mentioned in

passing that "Sanitas" oil vaporized by the "Sanitas" fumigator should be used in all hospitals, etc., containing patients suffering from yellow fever.

REMARKS.

From the foregoing results I am justified in stating that "Sanitas" oil and "Sanitas" fluid are powerful germicides, and they will prove extremely useful in countries where yellow fever is epidemic.

Experimental tests made by Dr. A. B. Griffiths, F. R. S., F. C. S., show that the following microbes were destroyed by "Sanitas" disinfecting oil and "Sanitas" disinfecting fluid:

	With Oil.	With Fluid.
Bacillus Tuberculosis.	...in 25 sec.	in 5 min.
Micrococcus Scarletinae.	...in 10 sec.	in 2½ min.
Bacillus Typhosus.	...in 30 sec.	in 5½ min.
Spirillum Cholera Asiaticae.	in 43 sec.	in 6 min.
Bacillus Diphtheriae.	...in 28 sec.	in 4½ min.
Bacillus Mallei.	...in 25 sec.	in 4 min.

Medicine.

CIGARETTE MAKERS' CRAMPS.

Cigarette makers' cramps has attacked the operatives in the French State tobacco factories. It is very common in Spain, but has not hitherto been noticed to any extent in France. The cramp affects the muscles of the thumb and first finger of each hand.

—N. Y. Med. Record.

INSUFFLATION OF AIR FOR TUBERCULOUS PERITONITIS.

M. H. Follet, of Lille, highly recommends the insufflation of air into the peritoneal cavity in cases of tuberculous peritonitis. He maintains that when laparotomies are performed for this condition, the great relief which almost invariably follows comes through the ingress of fresh air, which sets up a reactionary inflammation of the serosa, that ends in the breaking down and resorption of the tuberculous masses.

He cites remarkable cases wherein the parents of a child of ten would not consent to a laparotomy. He introduced a trocar and drew away three litres of serum and then insufflated with three litres of air into the cavity of the peritoneum. Recovery was prompt and there was no relapse. Moorhoff, of Vienna, treated a case of tuberculosis of the epididymus by this plan with success, in 1892.

He concludes by advising that when there are contra-indications to laparotomy, this is the course to pursue, as it is not dangerous, and usually succeeds.

—Le Mercredi Medical, 12th Nov. '94.

SUDDEN DEATH FOLLOWING RUPTURE OF THE BASILAR ARTERY IN ANEURISMS.

Hoffman, of Vienna, has collected 75 cases of sudden death from rupture of basilar aneurisms; 53 men and 22 women. The greatest number occurring were from the age of 40 to 50 years, in the males, and from 60 to 70 in the females. In one it occurred at the 15th year.

The most common seat of rupture was close to the fossa of Sylvius, though in a considerable number the break occurred near the confluence of the vertebral. The aneurisms varied in size from a pin's head to a small nut. Atheroma seemed to play but a secondary role here, the underlying cause probably being nervous, vaso-motor or trophic. The evolution of these aneurisms is not attended with any definite symptoms, and pursue a most insidious course until the fatal leak takes place. Death follows from intrameningeal rupture of the vessel, loss of blood and pressure.

—Huitieme Cong. Francais De Chirurgie, 13th October, '94.

FOR TOOTHACHE.

	Grams.
R. Cocaine, hypochlor.	1
Cherry laurel water.	1
Tinct. arnica.	10
Liq. ammonia citrate.	20

Where there is a cavity in the tooth, wet cotton and pack into the cavity. In pulpitis wash the mouth with one ounce of above, and two ounces of warm linseed tea.

COCAINE.

Maurel says that cocaine kills by: 1. Diluting the small vessels. 2. Paralyzing the leucocytes; strong doses taken by the stomach act in this way. The toxic effect is proportional to the number of leucocytes paralyzed. Small doses, hypodermically, or in the veins, may act by paralyzing some cells which may then become emboli. Large doses may be injected into the arteries without killing the animal. The action of quinine is similar.

—Prog. Med.

STROPHANTHUS AS A REMEDY IN ALCOHOLICISM (SKWOZOW).

The author communicates three observations on intermittent or periodical drunkenness treated by tinct. of strophanthus, in doses of seven drops, three times a day. Before the dose, the patient was nauseated, but had no vomiting. After two or three minutes he experienced a sense of heat, with profuse sweating, and disappearance of the nausea. After the second dose the desire for alcohol vanished. There were neither delirium nor hallucinations. This reaction of strophanthus is limited strictly to alcoholism; it does not so react in persons, healthy or sick, where there is no alcoholic intoxication in question.

* * *

Pöhl has obtained good results in cholera by the injection of spermine. A Russian paper says that erysipelas will arrest cholera; when the former supervenes over the latter.

SYPHILIS AND GENERAL PARALYSIS.

Fournier asks what is the connection between general paralysis and syphilis, and says that this problem will not be settled until the following questions are satisfactorily answered.

Does there exist as a possible result of syphilis a clinical series of symptoms which merit the name of general pseudo-paralysis of syphilitic origin?

Can true general paralysis be derived from syphilis, and if so, in what degree of frequency? If a sequence of syphilis is it due to that cause, as to its origin, or does it simply partake of the nature of that complaint, and is it differentiated by any clinical character from general paralysis due to other causes?

When syphilis attacks the brain it sometimes gives an ensemble of symptoms, recalling those of general paralysis, but the pseudo-paralysis is not a morbid entity different both from cerebral syphilis and from general paralysis; it is simply a particular variety of cerebral syphilis.

In many cases there is a relation of cause and effect, as many subjects of general paralysis show syphilitic antecedents. Some think that syphilis only produces paralysis on a ground already prepared by some other cause, as heredity, nervous heredity, alcoholism, etc. Others hold that, on the contrary, syphilis prepares the ground.

According to another theory general paralysis like tabes and other manifestations of the same kind are the result of septic infection, due to a microbe, which at present is unknown in the case of syphilis. The question is, should paralysis in syphilitics be regarded as of syphilitic nature or of syphilitic origin. Fournier thinks it should be included in the group of parasymphilitic affections, those which, although of syphilitic origin, still are not syphilitic at bottom.

The differentiation is as follows: That parasymphilitic affections do not depend necessarily and exclusively on syphilis as the cause, and that they are not influenced by specific treatment.

—*Courier Medical.*

NOTES FROM L'UNION MEDICALE DU CANADA.

Dr. Da Costa is of opinion that very hot water favors the arrest of the circulation, while tepid water favors the course of the circulating fluid.

He also recommends the addition of a large quantity of red pepper to the food, in cases of delirium tremens.

* * *

Hare thinks arsenic is a specific in minor chorea; it must be given in ascending doses; also that barium chloride is often an active cardiac tonic, where digitalis does not act favorably.

Electro-Therapeutics.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

(Concluded in this number.)

The closing session of the convention was devoted chiefly to the currents derived from static machines. Following Professor Houston's paper upon the physics of the static induced current, Dr. Kellogg presented a paper upon his sinusoidal apparatus. He had discovered the way to produce a peculiar electrical current in 1883, but did not then know that it was "sinusoidal." Dr. Arsonval discovered it again in 1892, four years after an account of it had been published in America. A year afterwards (1893) it was "discovered" for the third time, and placed in the hands of several investigators to determine its value. Its

original discoverer, who had used it for eleven years and made over 20,000 applications of it, considered it of great value. It excites all the sensory, secretory and motor nerves, and nerves of special sense, without producing pain. It is capable of producing considerable anesthetic effect. It has advantages over both galvanic and faradic currents, the latter of which it resembles in some respects, as it causes no destruction of tissue. It does not create soreness when strong muscular contractions are induced.

Passing on to the therapeutic rises of his current, Dr. Kellogg claimed for it about the same scope as is claimed for the "static induced." He did not consider it a substitute for galvanism or static, but thought that it could replace faradism altogether.

Dr. Holford Walker, of Canada, said that he had in use in his office the sinusoidal machine called the Kennelly alternator. He now considered his faradic battery a dead letter. In fact, never opens it, as he is so pleased with the alternator. Owing to its freedom from irritating qualities it could be used with great satisfaction on children. For instance, a boy was brought to him who had been troubled for four years with enuresis, due to diphtheria. He had been treated by every known means without success. Both galvanic and faradic currents had been employed in general ways and did no good. Dr. Walker substituted direct, local applications of the sinusoidal current through rectum and urethra. The case improved after the second treatment, and in six months was cured.

In another case of pelvic neuralgia in a woman aged 30, married six years, bipolar treatment with the alternating current readily cured. He considered it excellent for neuralgias. Another speaker declared that while the sinusoidal current had a place in gynecology it could by no means supplant the faradic, as now obtained from high-grade apparatus. It diffused less, did not affect so wide an area of tissue when administered by the bipolar method, was less efficient as a stimulant and was surpassed by the high tension faradic in reaching the painful spots and relieving them.

Patients on whom he had tested both could at once distinguish the difference and preferred the effects of the faradic. While sedative to a marked degree, the sinusoidal current was not a tonic like the faradic, and as both poles were alike this reduced its efficiency to that of a one-pole machine, while the faradic had two effective poles sufficiently different in their qualities to add a great variety to the capabilities of the current. He stated that if he had to choose between the sinusoidal and the faradic he would take the faradic every time.

A paper translated from the French by Drs. Gautier and Larat was read by the president; a method of regulating the sinusoidal current was described, and the session came to an end by the presentation of the report of the Com-

mittee on Standard Electrostatic or Influence Machines.

The chairman of the committee stated that the report was one of immense comprehensiveness and could only be scratched on the surface in the short time allotted him. The physiological effects of static electricity are pretty much all that are produced by all electricity. It sets free the potential energy of the cells of the human organism. That is, it excites the cell in such a way that its inherent energy is liberated. Its wide range of effects vary with and depend somewhat upon the manner in which it is applied. It causes contraction of the protoplasm, both animal and vegetable. It excites nerve fibres, nerve cells and nerve centres. All of them are excited to functional action, and caused to produce their separate effects—motor, sensory, special sense, secretory, sympathetic, vaso-motor, etc. It has a mechanical action. It disturbs the molecular arrangement of tissues and causes a new structural arrangement, resulting in modifications of nutrition.

It has a cataphoric action and can be made to transfer metals and convey medicaments into the tissues. Its general effects are of great range and astonishing importance. They may be briefly stated as follows: It promotes nutrition of every part it excites; produces marked local and general circulatory effects, and stimulates the vaso-motor nervous system. It promotes metabolism and tissue metamorphoses; creates a feeling of refreshment to the system; causes the reabsorption of exudation material of a chronic nature and has a revulsive action upon the skin. It is both a cutaneous sedative and counter-irritant, and makes a powerful peripheral impression of great value in neurasthenia.

The subject of reflex pains is of constant interest to a physician. Pains are often referred by patients to points distant from their origin. Possibly a pain travels along the path of least resistance, and in its outward track it prepares the way for the return of a curative influence along the same path. No matter how far from the local irritation a reflected pain may manifest itself, spark the sore place and the impression will track the pain to its seat and drive it out. We can't cure altered stricture, but we can correct functional pains and often relieve organic pains by setting up powerful ingoing impressions and displacing the pain.

The list of diseases in which static electricity can be beneficially employed is a long one. Its great fields are nervous and functional conditions. In cases of mal-nutrition it is an excellent tonic. Neurasthenia, hysteria, neuralgia, nervous headaches, etc., are rapidly controlled by it. In cord diseases it affords relief from various forms of pain, even when lesions are advanced beyond cure. It is invaluable in muscular rheumatism, chronic synovitis and chorea. It is one of the best general tonics we possess, and as such is easy and agreeable of application, and can be used in a great variety of cases. In the treatment of paralysis of curable forms it is

one of the most successful agents we have. Much more could be said, but time forbids.

This ended the work of the convention, and it adjourned to meet next year in Toronto, Canada.

LESSONS OF THE CONVENTION.

For six numbers of the "Times and Register" this department has been devoted to the report of the work done at this meeting. It was an important gathering, and represented the most serious endeavors of the year in the field of medical electricity.

The programme for the three days was elaborate and well arranged. Besides the President's address it included the reports of seven different committees on scientific questions, the exhibition of apparatus and formal papers upon 34 subjects and electro-therapeutic problems distributed among about 30 speakers.

A fair proportion of these papers were new and valuable, but much of the matter prepared for this meeting was nearly a repetition of similar papers presented to the convention last year. The net result of committee researches upon "standard" instruments was disappointing. It was equally so a year ago. If the promises made are kept, the reports next year should be of much greater value. It would be difficult to point out the direction of the greatest advance made during the year in electro-therapeutics as shown by the papers read at this convention. The co-operation of such able electrical engineers as Messrs. Jenks, Houston, Thomson and others was a mark of progress. The horizon of medical electricians has been too narrow. The greatest trouble with medical electricity is not that it is in its infancy as a therapeutic agent, but that so many of those who use it remain in a state of infancy in regard to it. They learn perhaps to operate one form of battery, and they acquire mistaken ideas in regard to others. The errors repeated in text books mislead them, or confuse them, and they try to educate themselves from dealers' circulars. The result is not in the direction of sound progress.

The most pitiable lesson taught by the convention was the lack of agreement among the teachers of the art who are the "authorities" to whom the profession looks for reliable advice. What one asserts, another contradicts. The committee on coils hopelessly disagreed. Every member held to a different opinion. In many of the discussions opposite views were expressed upon what should have been questions of fact alone.

The disposition to exploit something which the speaker himself claimed to have "originated" was marked. Old straw was threshed over in some cases to the point of fatigue.

Reviewing the whole work of the meeting impartially, it must be admitted that great progress has yet to be made in reconciling disputed points and in establishing standards of principle. When specialists quarrel over elementary facts how can the ordinary physician feel

confidence in recommending "Electricity" to his patient? They should "get together" and harmonize practice. One very distinguished speaker at the convention stated that not two physicians out of a hundred understood how to handle this agent with respect to metre, battery, electricity, etc. If he had said that no man should be considered a competent electro-therapist unless he was practically expert in the selection, care and operation of the most approved forms of galvanic, static and faradic apparatus, and could skillfully apply constant, alternating, interrupted, induced, sinusoidal and cautery currents to therapeutic uses, he could have truthfully declared that our decade has not produced a dozen such. Nor will it, as practice is conducted now. Electrical practice is sub-divided into partial specialties to its great detriment.

A great neurologist states that in his opinion the galvanic and faradic currents are all a doctor requires. Dr. Walker informed the convention that "his faradic battery was a dead letter since he purchased an alternator." Another authority replied that "he would prefer his faradic every time." A third would choose his static machine. A fourth preferred his own original sinusoidal apparatus. Relative values are lost sight of in the statement of personal preferences. The result confuses those who are seeking to learn. This condition of affairs grows out of the fact that scarcely any two "authorities" use the same kind of apparatus. They also work, perhaps, in different ways.

The gynecologist contradicts what the neurologist says, and those who use a faradic battery is an old, single-coil, high-tension affair (even though expensive) and vain to follow the teachings of the author of a modern treatise who obtains results with an improved high-tension coil. The nerve specialist whose name is so celebrated that to question his authority would excite ridicule, advocates a certain treatment of neuritis, and when two other able electricians suggest radically different methods as more successful, the first speaker appears to be in practical ignorance of them. This is disastrous to the good repute of electro-therapeutics. To those who happen to be well informed upon the particular branch of the science under discussion the admitted inexperience of men called experts belittles them and detracts from their professional standing. The display of a more general knowledge of all the used forms of electricity, each of which has a valuable place in therapeutics, would be more effective to popularize the subject than so large a proportion of dictatorial ignorance. Year after year each "teacher" reasserts his particular teachings, repeats his contradictions of the teachings of others and apparently makes no attempt to test what is unfamiliar to him and arrive at any estimate of the comparative values in different methods.

S. H. MONTELL.

(End of Report.)

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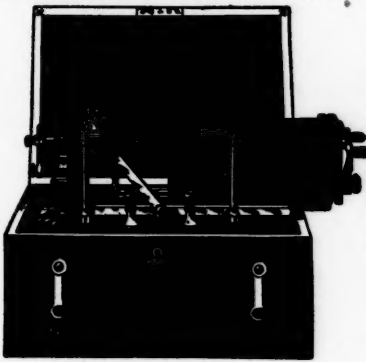
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Miscellany.

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In the September number of the University Medical Magazine there is an article by Dr. George B. Wood, entitled "The Elimination of Ether and its Relation to the Kidney," a thesis for which the Isaac Ott prize of the University of Pennsylvania for 1894 was awarded. The author gives accounts of seventeen experiments on animals, undertaken for the purpose of ascertaining the precise action of ether, when administered as an anesthetic, on the kidney, whether healthy or diseased. He thus summarizes the chief conclusions that he has arrived at:

1. It has been proved that ether exists as such in the free state in the blood, but, although it must come in close relation with the kidney, it is not excreted by that organ to any appreciable extent. Nevertheless, it has been demonstrated that in ether anesthesia the kidney becomes congested, and, on microscopical examination the cells show cloudy swelling. The cells of the convoluted tubules are affected primarily, and the tufts and collecting tubules do not show any change unless the anesthesia has been prolonged. It is probable that repeated administrations of ether, if kept up long enough, would cause desquamation of the epithelial cells.

2. The local effect of ether upon the kidney already diseased must be very deleterious, for an unhealthy organ will not stand wear and tear like a normal one. In cases where uremic poisoning was beginning to manifest itself it was shown that there was a liability to sudden death during ether anesthesia, due to the action of the ether on the already depressed centres of respiration.

The author gives it as his belief that in cases of nephritis, surgeons should give ether only with the greatest care, and watch continually for any signs of failure of respiration. An important point, he says, is that the ether should be given very gradually, and when during the anesthetization it is necessary to use more ether the inhaler should not be put directly on the face at once, but gradually brought close to it while the anesthetizer watches the patient's breathing carefully.

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
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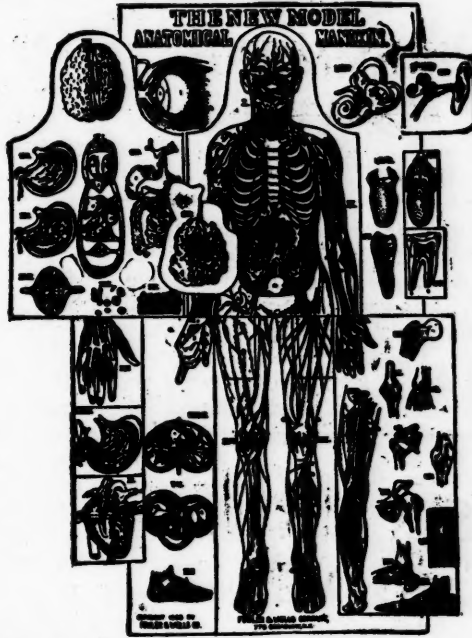
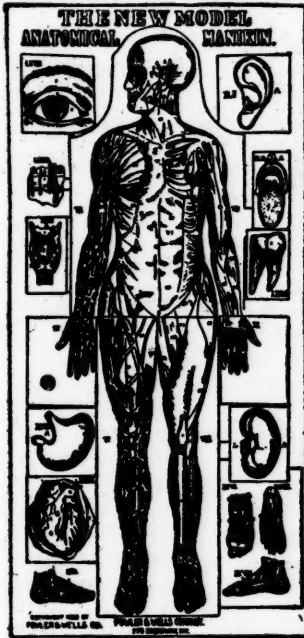
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